Fact Sheet

California Department of Health Services | Cancer Detection Programs: Every Woman Counts

Fewer California women are dying from breast cancer. The death rate from breast cancer has decreased by 28 percent since 1988. [1, 2]

breast cancer

The Good…

- From 1988 to 2003, breast cancer mortality declined by 19 percent among African American, 19 percent among Hispanic, and 28 percent among non-Hispanic white women.[1]
- More California women, ages 40 and older, are getting mammograms. In 2004, 57 percent of women reported having a mammogram in the prior year, compared to only 39 percent in 1987. [1]
- The best ways to detect breast cancer early are with regular clinical breast exams (CBE), conducted by a health care professional, and mammograms. Sixty-seven percent of female breast cancers diagnosed in California in 2003 were found at an early stage.[1] The rate of late-stage cancer is declining due to:
  - Increased awareness and low cost or free screening programs such as Cancer Detection Programs: Every Woman Counts
  - More health insurance plans covering mammograms
- Survival is excellent when diagnosed early. If confined to the breast when discovered, five-year survival is over 95 percent.[1]

The Bad…

- Breast cancer is the most common invasive cancer among women, accounting for nearly one out of three cancers diagnosed in women in the United States and California. [1]
- Breast cancer is the second leading cause of cancer deaths in women in the United States and California -- only lung cancer accounts for more cancer deaths. [1]
- In 2007, it is projected that 19,710 California women will be diagnosed with breast cancer and 4,165 will die from the disease. [1]

...And The Not So Pretty!

- The risk of breast cancer increases with age, especially after age 50. About 78 percent of new cases and 83 percent of breast cancer deaths occur in women over age 50. [2]
- Women often do not get CBEs and mammograms because they think that if they have no symptoms they do not need one. [3]
- Women face many cultural and economic barriers to adequate breast cancer screening, diagnosis and treatment. Physicians and women need to be more diligent about discussing breast cancer, CBEs, and mammography. [4]

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www.dhs.ca.gov/cancerdetection

- Lack of a doctor's recommendation for a CBE and mammogram is a top-ranked barrier for nearly all groups of women. The other main barrier is cost, especially for lower-income groups. [5,6]

- Women who discuss breast cancer screening with their physicians are up to 12 times more likely to receive a CBE and mammogram than women who do not talk to their physicians about breast cancer. [7]

- Cost, or the ability of the patient to pay for a CBE and mammogram, is the most frequently cited reason why physicians do not recommend them. [8]

Age, Income, Health Insurance Trends & Patterns

- The chance of a woman getting breast cancer increases with age. In California, ages 25-44, the chance is 1 in 106; ages 45-64, 1 in 21; and ages 65-84, 1 in16. [1]

- Sixty-five percent of all diagnosed cases of breast cancer are among women aged 50 years or older. [9]

- In California, only 22.6 percent of low income women over 40 reported having both a clinical breast exam and mammogram, compared to 56 percent of higher income women. [10]

- The largest differences in breast cancer screening are found between women with and without health insurance (public or private). About a third (32.7 percent) of uninsured California women age 40 and older had a mammogram within the last year, compared to 64 percent of insured women. [11]

- In the United States, uninsured women with breast cancer have a 30 to 50 percent higher risk of dying than those with health insurance. Having no insurance leads to at least 360 and as many as 600 excess deaths each year in the United States among women with breast cancer. [12]

- Twenty-one percent of California women are without health insurance. California is ranked 44th in the nation for providing women access to health insurance. [13]

Ethnic Trends & Patterns

The rates of developing and dying from breast cancer differ among ethnic groups. Although CBE and mammography utilization has increased significantly in California, usage varies among ethnic groups, income and education levels.

African-American

- African-American women with breast cancer are more likely to die from the disease than women of any other race. The higher death rate is related to a larger percentage of the breast cancers being diagnosed at a later, less treatable stage. [14]

- Sixty percent of the breast cancers diagnosed in 2003 in African-American women were early stage. [1]

- In 2004, 64 percent of African-American women age 40 and older reported having had a mammogram within the past year.[10]

Asian/Pacific Islander

- Invasive breast cancer rates increased by about 20 percent from 1988-1999 among Asian/Pacific Islander women in California. Mortality rates did not change among this group despite the significant increase in incidence. [1,2]

- Seventy percent of the breast cancers diagnosed in 2003 in Asian/Pacific Islander women were early stage. [1]

- In 2004, 53 percent of Asian/Pacific Islander women age 40 and older reported having had a mammogram within the past year. [10]

Hispanic

- Uninsured Hispanic women are two to three times more likely to have cancer diagnosed at a later stage than their insured counterparts, making it less treatable. [15]
- Sixty-three percent of the breast cancers diagnosed in 2003 in Hispanic women were early stage. [1]
- In 2004, 58 percent of Hispanic women age 40 and older reported having a mammogram within the past year.[10]

White (Non-Hispanic)

- For all ages combined, white women have the highest incidence rate for breast cancer. [1,2]
- Seventy percent of the breast cancers diagnosed in 2003 in white women were early stage. [1]
- In 2004, 61 percent of white women age 40 and older reported having a mammogram in the prior year. [10]

Note: The categories "American Indian" and "Rural Women" are not included in the above due to the small sample size of the available population in this category and lack of relevant data from reputable data sources.

Early Detection - The Best Protection

- Early detection of breast cancer improves the chances of survival. When breast cancer is diagnosed early (at a localized stage), 98 out of every 100 women survive for five years or more. Once the disease has spread to other parts of the body, only 26 percent survive five years. [16]
- Screening mammography is able to detect breast cancer in its earliest and most treatable stage – several years before a lump can be felt – but does not detect all breast cancers, especially in women under 50. The key to the best early detection is the combination of yearly clinical breast exams and mammograms.
- The American Cancer Society recommends:
    - Women age 40 and older should have an annual clinical breast exam and mammogram.
    - Breast self-exam is an option for women beginning in their 20s. Women should talk to their health care provider about benefits and limitations of breast self-exam.
    - Women should report any breast changes promptly to a health care provider.

Breast cancer screenings should be performed on a regular basis. Women with normal breast cancer screening results are still at risk for the disease in subsequent years.

Sources:

1. American Cancer Society, California Division, and Public Health Institute, California Cancer Registry, *California Cancer Facts & Figures, 2007*, Oakland, CA: American Cancer Society, California Division, 9/06 (available from: www.ccrcal.org).

2. Kwong, et al., *Cancer in California, 1988-2002*. Sacramento, CA: California Department of Health Services, Cancer Surveillance Section, December 2005.

3. National Cancer Institute Newsletter Article *Breast Cancer and Mammography: Eight Myths and Facts*, November 1991.

4. Kohatsu, N.D., Tetzlaff, M.R., Lackey, K., Hernandez, M., and Cramer, E.R. *Breast Cancer Screening in California*, Sacramento, CA: California Department of Health Services, Office of Clinical Preventive Medicine, January 1995.

5. Harper AP. Mammography utilization in the poor and medically underserved. Cancer 1993; 72(4 Suppl): 1478-82.

6. American Cancer Society. *Cancer*. Vol 94, No.1:37-43, 2002.

7. Fox et al., The impact of physician compliance on screening mammography for older women. Arch Intern Med 1991;151(1):50-6.

8. American Cancer Society. *Survey of physicians' attitudes and practices in early cancer detection*. CA-A Cancer Journal for Clinicians, 40(2):77-101, 1990.

9. National Breast and Cervical Cancer Early Detection Program Fact Sheet 2004/2005 – Saving Lives Through Screening

10. Women's Health: Findings from the California Women's Health Survey, 1997-2003, California Department of Health Services.

11. *California Women's Health Survey*, 2003-2005, California Department of Health Services.

12. Institute of Medicine, *Care Without Coverage: Too Little, Too Late*. National Academy Press, 2002 (available from: www.nap.edu).

13. National Women's Law Center, *Making the Grade on Women's Health: A National and State-by-State Report Card*, 2001, www.nwlc.org.

14. Miller et al. (eds.) *Racial/Ethnic Patterns of Cancer in U.S. 1988-92*, National Cancer Institute. NIH Pub No 96-4104. Bethesda, MD 1996.

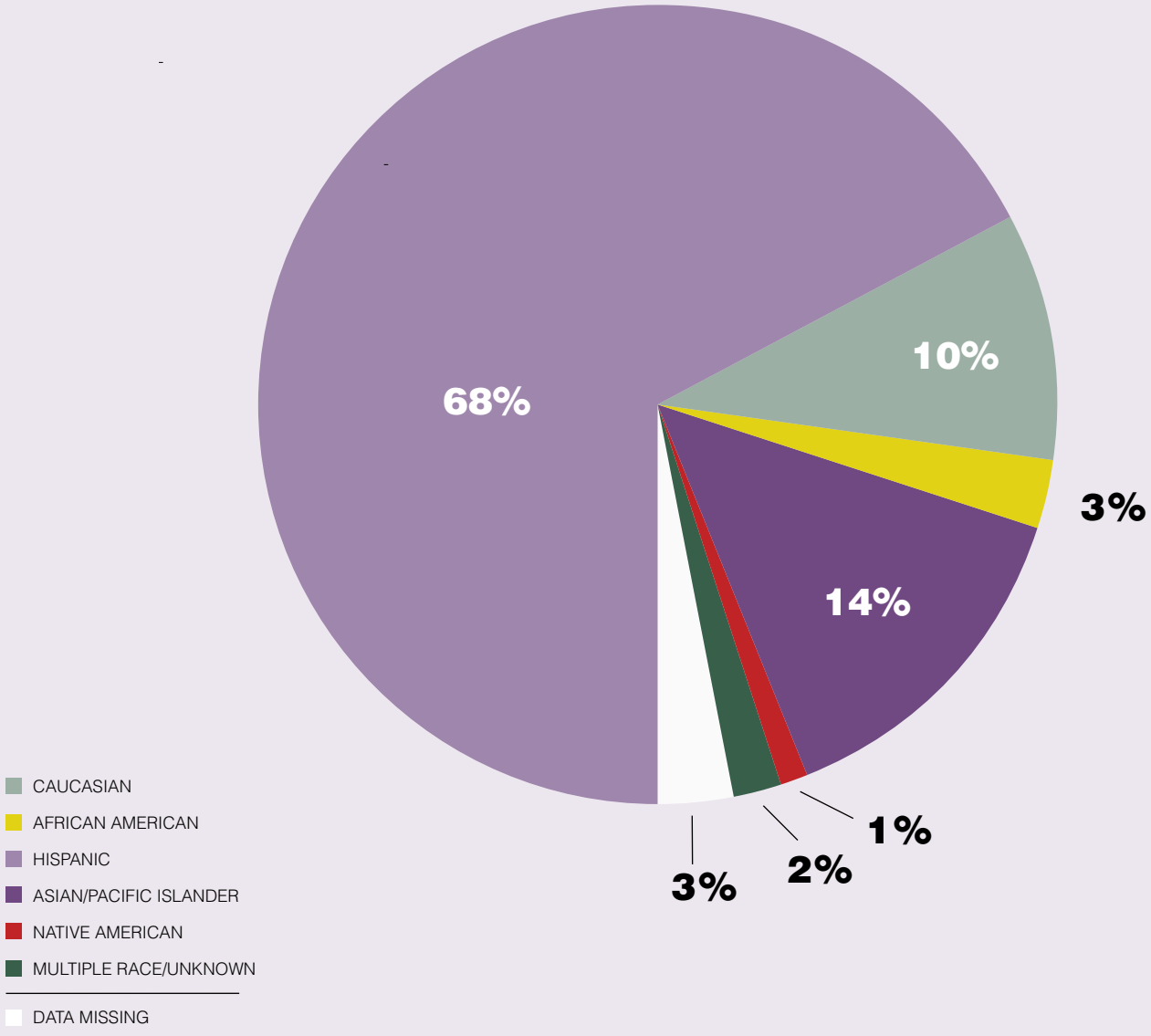
15. American College of Physicians – American Society of Internal Medicine, "*No health insurance? It's enough to make you sick. Latino community at great risk*." Philadelphia: College of Physicians – American Society of Internal Medicine; White Paper; 2000. (Available from American College of Physicians – American Society of Internal Medicine, 190 N. Independence Mall West, Philadelphia, PA 19106.)

16. Ries et al, *SEER Cancer Statistics Review, 1975-2003*, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2003/, 2006

Breast Cancer
Statistics At a Glance:

Women Served[1]
July 1, 2004–June 30, 2005

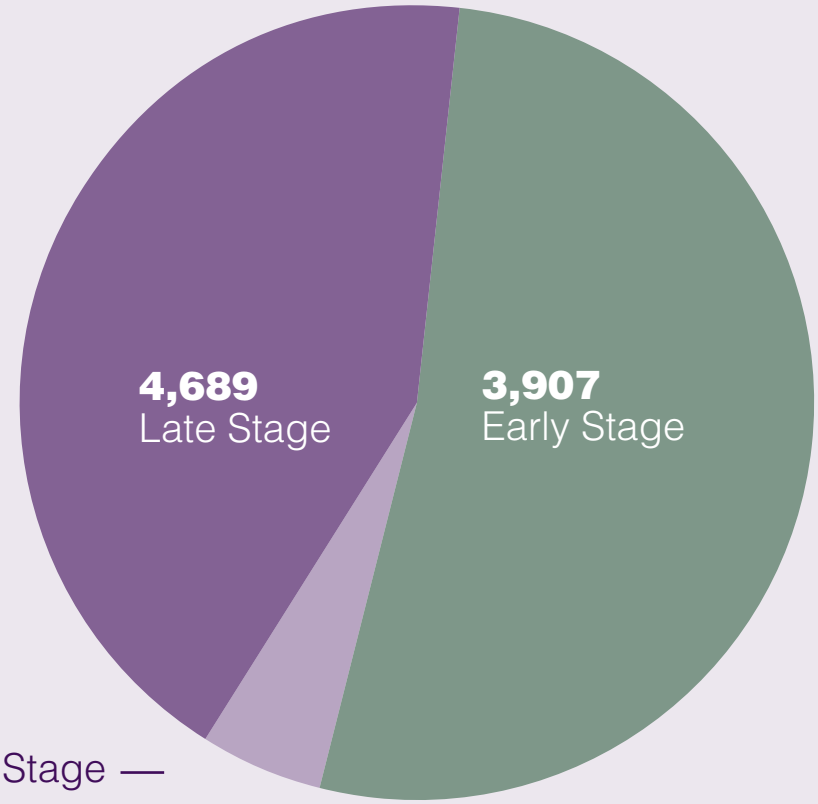
199,702 Women received breast cancer screening and diagnostic services from *Cancer Detection Programs: Every Woman Counts*



Breast Cancer Statistics At a Glance:

***CDP: EWC* Inception (1991) To June 30, 2005**

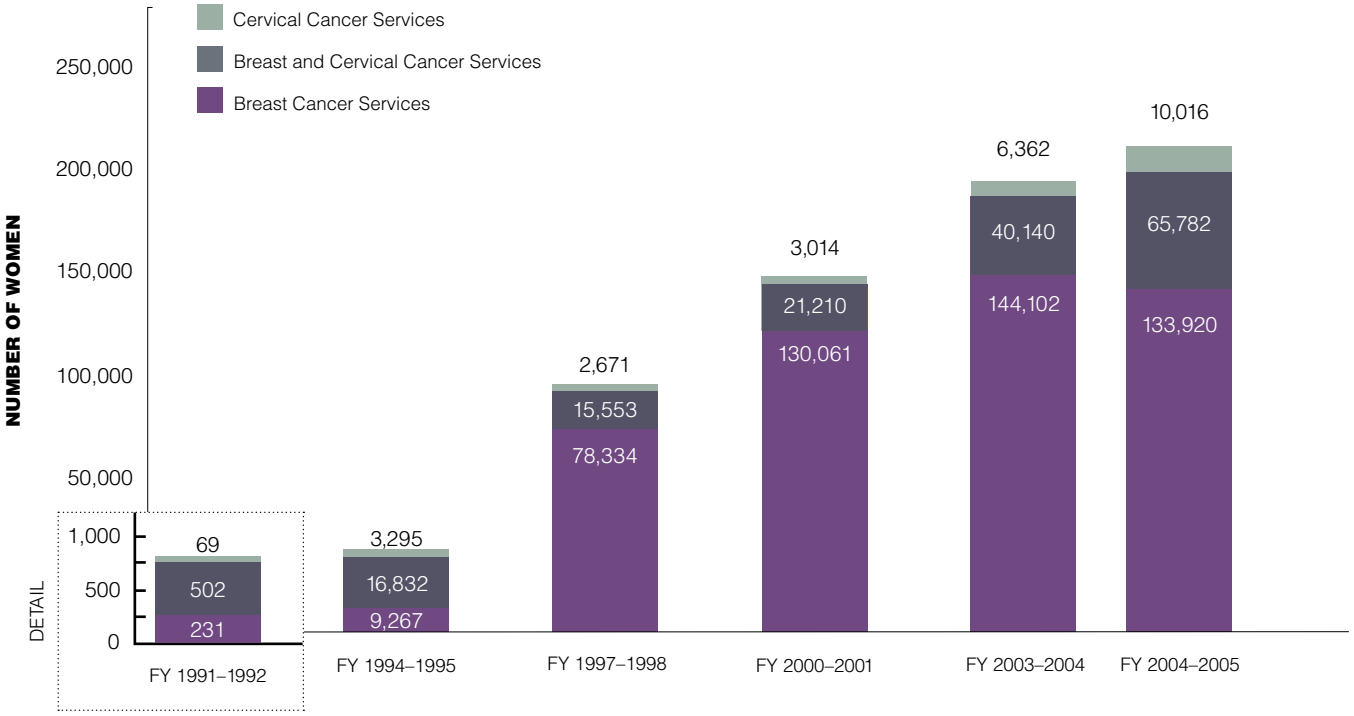
Women Who Received a *Cancer Detection Programs: Every Woman Counts* Breast Cancer Screening or Diagnostic Service Who Were Subsequently Diagnosed with Breast Cancer, by Stage at Diagnosis[2]



"I didn't have any health insurance; the free breast cancer screening services meant all the difference in the world to me. It was a relief to know there was somebody out there that could help me."

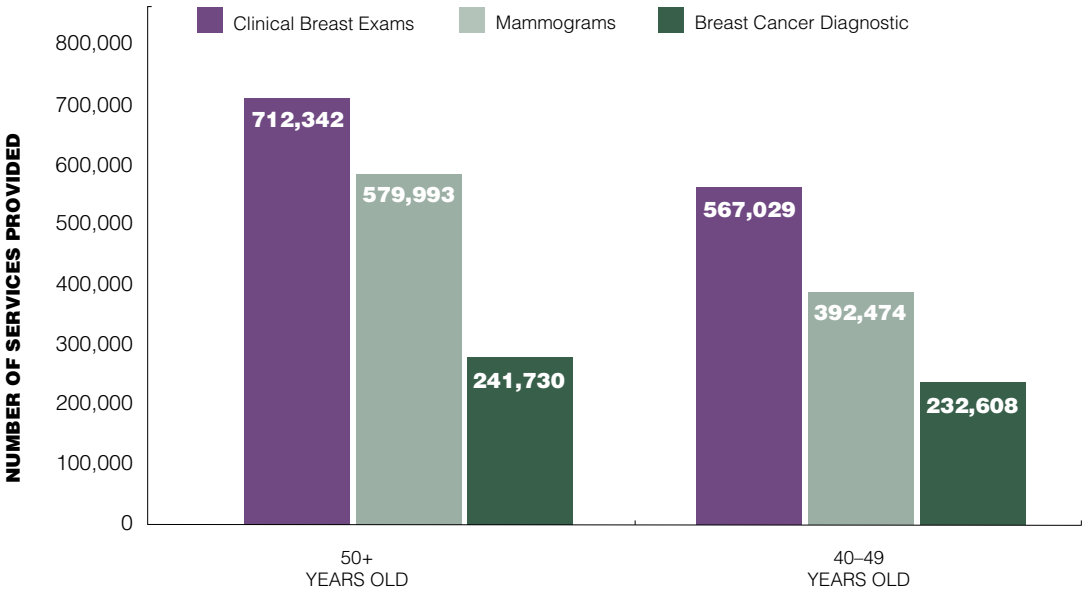
Program Growth[3]

Women Receiving Screening and Diagnostic Services



Breast Cancer Screening and Diagnostic Services Provided[4]

***CDP: EWC* inception (1991) to June 30, 2005**



California Department of Health Services
Cancer Detection Programs: Every Woman Counts

Breast Cancer
Statistics At a Glance:

1.800.511.2300
www.dhs.ca.gov/cancerdetection

Eligibility Requirements: Women eligible for free breast cancer screening services must be 40 or older, low income (at or below 200 percent of the federal poverty level), and have no or limited health insurance coverage.

Footnotes

1. Methods: The number of women who received *CDP:EWC* services is based on clinical data submitted via claims or the internet that was extracted from the April 2006 version of Cancer Detection Section's Common Analytical File (dbCAFextract200604). Women were identified by probabilistic matching of available identifiers on the enrollment forms with identifiers in the Common Analytical File. The number and percent of women who received services is an unduplicated count of women who received services per fiscal year (e.g. 7/1/2001–6/30/2002). "Unknown" race includes Non-hispanic women who reported their race as "unknown." Breast cancer screening and diagnostic services include clinical breast exams (CBE), screening and diagnostic mammograms, surgical consults, lumpectomies, ultrasounds, fine needle aspirations, and other clinical breast procedures.
2. Methods: The number of women who were diagnosed with breast cancer is based on data extracted from the May 2006 version of Cancer Detection Section's Common Analytical File (dbCAFextract200605) containing clinical data submitted via claims or the internet and the January 2006 linkage between the California Cancer Registry (CCR) and CDS' Common Analytical File confirming cancer diagnosis status. Linkage was performed probabilistically based on available identifiers in both data sets. Women were counted if their date of diagnosis was later than the date of their first breast cancer screening or diagnostic service. Breast cancer screening and diagnostic services include clinical breast exams (CBE), screening and diagnostic mammograms, surgical consults, lumpectomies, ultrasounds, fine needle aspirations, and other clinical breast procedures.

   Limitations: The numbers reported are estimates. The number of women diagnosed with breast cancer reported in this chart cannot be summed to estimate the total number of women diagnosed during the time period due to duplicate cases; if a woman had more than one distinct breast cancer diagnosed at different diagnosis stages, she will be counted in each stage at diagnosis category. Please note that the number of women diagnosed is incomplete due to a lag in reporting cancers to the California Cancer Registry (CCR). Approximately 95% of cancer cases are reported to CCR for a calendar year by approximately 18 months after the close of the year.
3. Methods: The number of women who received *CDP:EWC* services is based on clinical data submitted via claims or the internet that was extracted from the April 2006 version of Cancer Detection Section's Common Analytical File (dbCAFextract200604). Women were identified by probabilistic matching of available identifiers on the enrollment forms with identifiers in the Common Analytical File. The number of women who received services is an unduplicated count of women who received services per fiscal year (e.g. 7/1/2004–6/30/2005). Breast cancer screening and diagnostic services include clinical breast exams (CBE), screening and diagnostic mammograms, surgical consults, lumpectomies, ultrasounds, fine needle aspirations, and other clinical breast procedures. Cervical cancer screening and diagnostic services include Pap tests, pelvic examinations, colposcopies with and without biopsy, and other clinical cervical procedures.

   Limitations: The number of women who received services by fiscal year cannot be summed due to duplication: the same woman could have received services in multiple fiscal years, so she would be counted in each year.
4. Methods: The number of services provided by *CDP:EWC* is based on clinical data submitted via claims or the internet that was extracted from the April 2006 version of Cancer Detection Section's Common Analytical File (dbCAFextract200604). The 'CBE' service category includes clinical breast exams, 'mammogram' services include screening mammograms, and 'diagnostic' services include diagnostic mammograms, surgical consults, lumpectomies, ultrasounds, fine needle aspirations, and other clinical breast procedures.

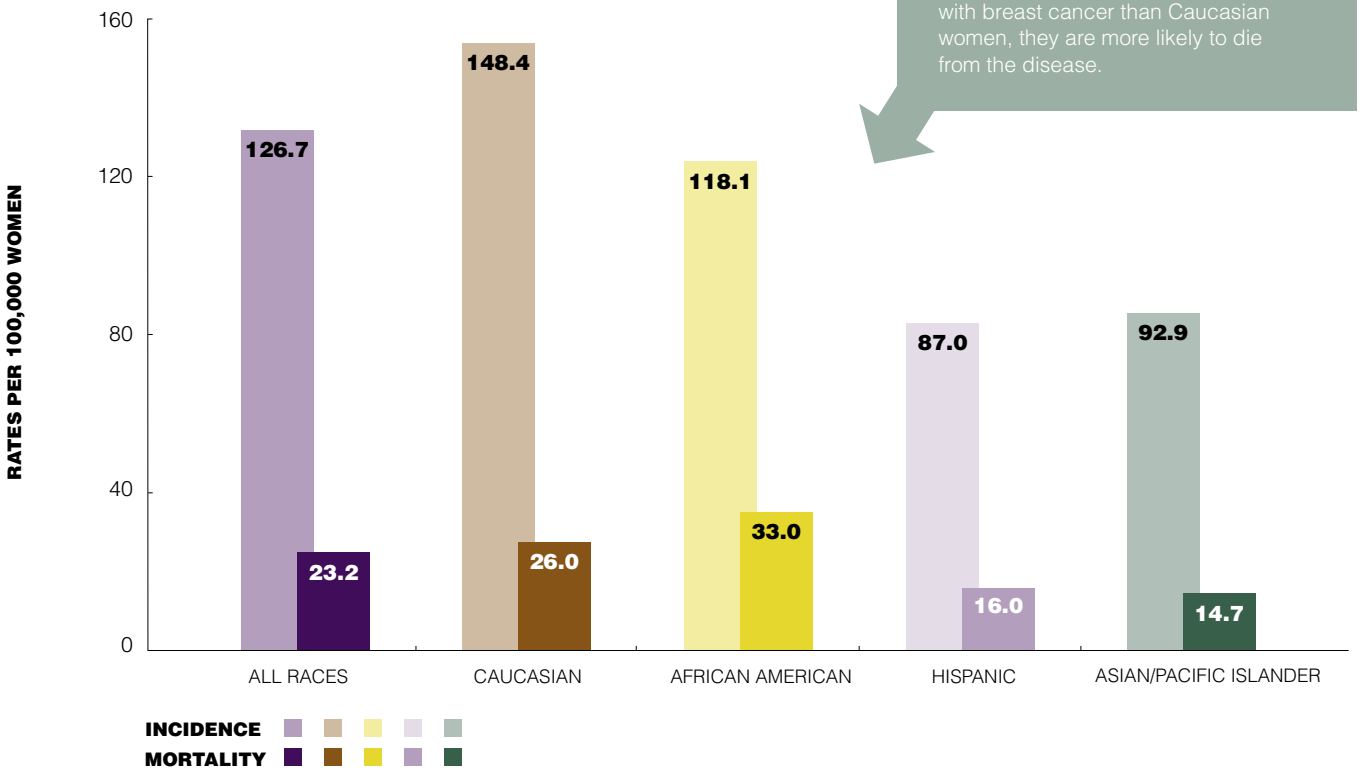
California Department of Health Services
Cancer Detection Programs: Every Woman Counts

For Your Information:
Breast Cancer Statistics

2002 California

Invasive Breast Cancer
by incidence and death rates*
among racial/ethnic groups

Even though African-American women are less likely to be diagnosed with breast cancer than Caucasian women, they are more likely to die from the disease.



Sources: California Cancer Registry (October 2004) and DHS Center for Health Statistics Death Master Files.

*Rates per 100,000 persons by year, age-adjusted to the 2000 U.S. population. As published in: Kwong SI, Allen M, Wright We. Cancer in California: 1988–2002. Sacramento, CA: California Department of Health Services, Cancer Surveillance Section, August 2005.

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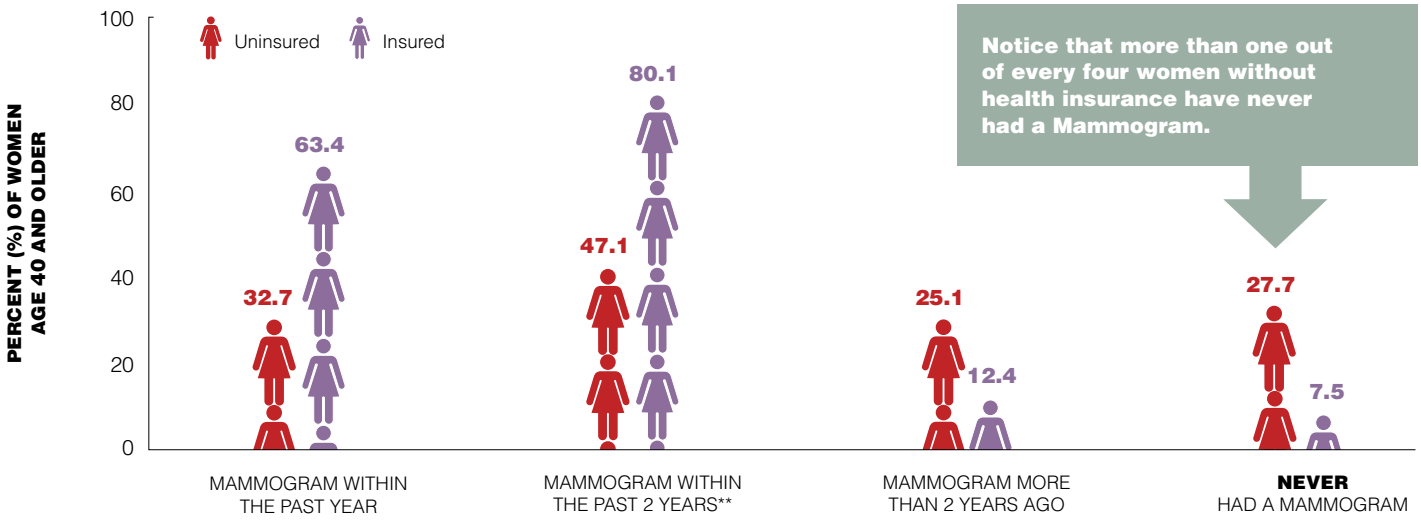
For your information: Breast Cancer Statistics At a Glance

2003–2005 California

Mammography use
by health insurance

This graph shows that if a woman does not have health insurance, she is less likely to have received a recent Mammogram.

Notice that more than one out of every four women without health insurance have never had a Mammogram.

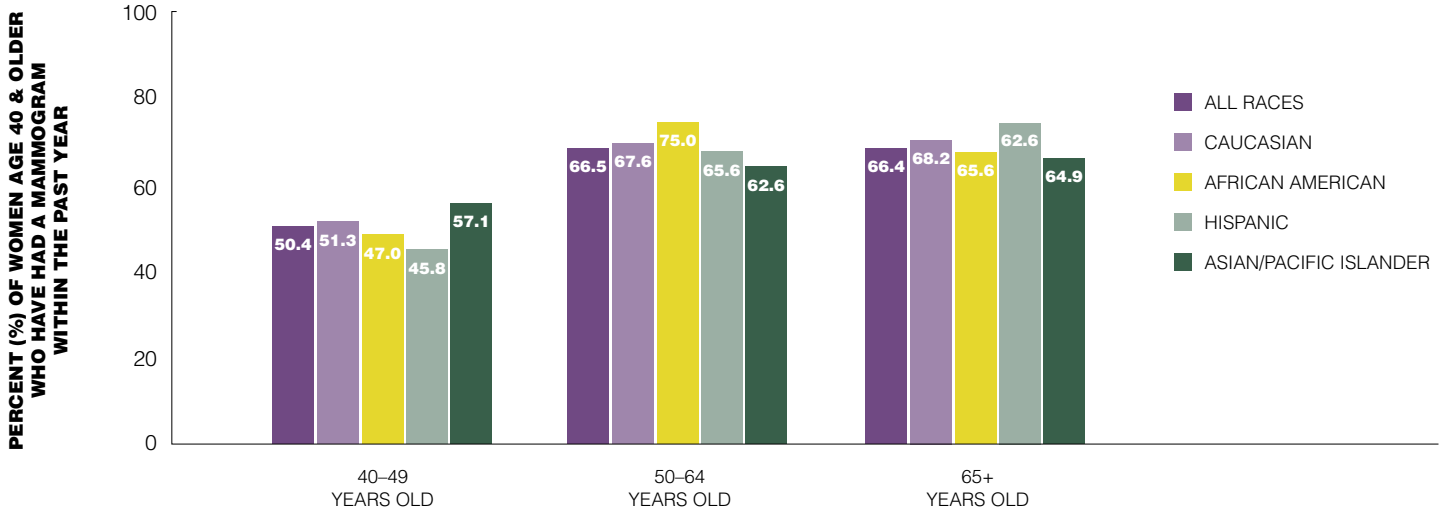


Source: California Women's Health Survey 2003–2005 data were extracted based on the California Women's Health Survey SAS Dataset Documentation and Technical Report, Survey Research Group, California Department of Health Services, 2006. Data were adjusted to the 2000 California population.

**The category "mammogram within the past two years" includes women counted in "mammogram within the past year."

2003–2005 California

Mammography use
by age and race/ethnicity



Source: California Women's Health Survey 2003–2005 Data and California Women's Health Survey SAS Dataset Documentation and Technical Report, Survey Research Group, California Department of Health Services, 2006. Data were adjusted to the 2000 California population.